

With more than 60 years of health care experience and a history of financial stability, Blue Shield has earned a reputation of trust and dependability throughout California.

## Access + HMO

### THE SHIELD HEALTH PLANS



(800) 424-6521

## Plan Highlights

Blue Shield's revolutionary approach to health care coverage makes it easier than ever for you to get the care you need and the service you deserve. We've added the following special features to our plan to give you greater control over your health:

- **Access + Specialist** gives you the option to go directly to a specialist *in the same physician group* as your Personal Physician **without** a referral for a \$30 co-payment per visit. Of course, you can always choose to go through your Personal Physician and pay your standard \$15 co-payment when you obtain a referral to a specialist.
- **Access + Satisfaction** is our member feedback program that offers to refund your standard \$15 co-payment if you are ever dissatisfied with the service you receive during a covered office visit with one of our HMO network physicians.

With Access + HMO, there are virtually no claim forms to file, and your dependents (spouse and unmarried children under age 23) are also eligible for coverage under the Access + HMO Plan.

Annual maximum benefits are \$75,000 per covered individual, and lifetime maximum benefits are \$750,000 per covered individual.

## Plan Providers

As an Access + HMO member, you have access to over 321 hospitals and 26,000 participating physicians in 33 counties. Odds are that your current doctor is a member of our HMO provider network.

You and each covered family member may choose his or her own Personal Physician from our extensive provider

network. Plus, you may change Personal Physicians for any reason at any time simply by calling Blue Shield Member Services.

Blue Shield's Access + HMO Plan is available to MRMIP subscribers in the following California counties:

Alameda	San Diego
Butte	San Francisco
Contra Costa	San Joaquin
El Dorado	San Luis Obispo
Fresno	San Mateo
Kern	Santa Barbara
Kings	Santa Clara
Los Angeles	Santa Cruz
Madera	Shasta
Marin	Solano
Merced	Sonoma
Nevada	Stanislaus
Orange	Trinity
Placer	Tulare
Riverside	Ventura
Sacramento	Yolo
San Bernardino	

Please see the chart at the back of this brochure for the specific zip codes open to MRMIP.

## How the Plan Works

Your Personal Physician will provide or coordinate all of your health care needs, except for Well-Woman exams and Access + Specialist visits. (To use the Access + Specialist option, your Personal Physician must belong to a physician group that has chosen to become an Access + Provider Group and offers the Access + Specialist option.)

To make an appointment with your Personal Physician or with a specialist in the same physician group using the Access + Specialist option, simply call the physician's office directly and identify yourself as an Access + HMO member. You will be asked for your Access + HMO member identification card and your co-payment at the time of your

visit. (When using the Access + Specialist option, you will also need to show your Access + Specialist card.)

Always call your Personal Physician when you need medical care, unless you are using the Access + Specialist option. Your Personal Physician or his or her designee is available 24 hours a day, seven days a week.

Your Personal Physician or specialist will authorize any medically necessary X-ray, laboratory, emergency or hospital services. Prescription drugs can be filled at any Blue Shield participating pharmacy, including most major drugstore chains.

### Co-payments

The maximum amount you pay in co-payments is \$2,500 per individual and \$4,000 per family in a calendar year.

## Important Information

**Selection of a Personal Physician from the Blue Shield HMO Physician and Hospital Directory is required when enrolling in the plan.** To select a Personal Physician or for more information on Blue Shield of California and the Access + HMO Plan, call us toll-free at **(800) 424-6521**. We welcome your call.

*Please note that the information presented here is only a summary of the Access + HMO Plan. For exact terms and conditions of coverage, you should refer to the Evidence of Coverage booklet.*

# Blue Shield Access + HMO

## Benefit Summary

<i>Type of Service</i>	<i>Description of Service</i>	<i>What You Pay</i>
<b>Calendar Year Deductible</b>	The amount that you must pay before Blue Shield assumes liability for the remaining cost of covered services	No deductible
<b>Co-payment</b>	Your cost of covered services	See specific service
<b>Out-of-Pocket Maximum</b>	The amount you are responsible for paying per calendar year	\$2,500 (per covered person) \$4,000 (per covered family)
<b>Annual Benefit Maximum</b>	The amount after which no more benefits are covered by Blue Shield during a calendar year	\$75,000 (per covered person)
<b>Lifetime Benefit Maximum</b>	The amount after which no more benefits are covered by Blue Shield during your lifetime	\$750,000 (per covered person)
<b>Hospital Services</b>	Physician and surgeon services, semi-private room & board, therapy, drugs	\$200 co-pay per inpatient day
<b>Physician Care</b>	Office visits, specialist visits Allergy treatments	\$15 co-pay per office visit Access + \$30 co-pay per office visit
	For children (under age 18) Routine physical examinations, hearing and vision tests Immunizations	No charge No charge
<b>Diagnostic X-Ray and Laboratory Tests</b>	Laboratory tests and X-rays, major diagnostic and mammography, ultraviolet light therapy	No charge
<b>Prescription Drugs Closed Formulary</b>	Drugs prescribed by physician and obtained at a Plan pharmacy, according to Formulary guidelines	\$10 generic/\$10 generic mail order \$15 brand/\$20 brand mail order
<b>Durable Medical Equipment, Supplies, Prosthetic Devices and Braces</b>	Home medical equipment, oxygen and its administration, parenteral and enteral nutrition and supplements, and home colostomy and ostomy supplies that meet the member's medical needs and are cost effective. (Routine maintenance and repair due to damage are not covered, and HMO rental charges in excess of purchase price are not covered.)	20% co-pay
<b>Maternity Care</b>	Prenatal & postnatal care Normal delivery	\$15 co-pay per office visit \$200 co-pay per inpatient day
	Complications of pregnancy, C-section	\$200 co-pay per inpatient day
<b>Ambulance</b>	Ground transportation as medically necessary	No charge
<b>Emergency Care Services</b>	Plan and non-plan emergency room visits	\$25 co-pay per incident, waived if admitted (Hospitalization co-pays apply)
<b>Mental Health Care</b>	Mental health services Inpatient nervous and mental services 10 days each calendar year	\$200 co-pay per inpatient day
	Outpatient nervous and mental services up to 15 visits per calendar year Except for severe mental illness, including serious emotional disturbances in children	\$15 co-pay per visit
<b>Home Health Care/Hospice Care</b>	Physician home visit	\$25 co-pay per physician home visit per member
	Medically necessary visits by home health personnel	\$10 co-pay for non-physician home health personnel
	Hospice care for members diagnosed as having a terminal illness with a life expectancy of six months or less, if it is a medically appropriate and more cost-effective plan of treatment	\$10 per visit \$50 per day
<b>Skilled Nursing Services</b>	As medically necessary in lieu of hospitalization	\$50 per day
<b>Speech/Physical/ Occupational Therapy</b>	Therapist's services in a medical office or outpatient department for short-term therapy of acute conditions on an outpatient basis.	\$15 co-pay per visit
	During hospital stay	No charge
<b>Other</b>	Blood (administration of blood & blood plasma, including the cost of blood, blood plasma & blood processing)	No charge

Access + HMO benefits are provided only for services that are medically necessary, as determined by the Personal Physician or Access + HMO specialist, and must be received while the patient is a current member. All care must be prescribed by and received from a Blue Shield Access + HMO physician or a physician to whom a Blue Shield HMO physician has referred you to for specific care. Payments for care that is not covered do not count toward your out-of-pocket maximum. Please read the Evidence of Coverage booklet for complete details of coverage.